**Disclosure for Significant Financial Interests**

Please use this form to declare any significant financial interests related to your research on an ***annual*** basis. If a significant financial interest is disclosed, the IRB will alert the Institute’s compliance committee. The Compliance Committee will have the final authority to decide whether the conflicting interests and management plans adequately protect participants and allow research to be approved. It is the responsibility of the compliance committee, in partnership with the IRB to ensure that all disclosures are made public and/or submitted for federal review.

**Submit completed form to:**

Saskia Shuman: sshuman@institute2000.org or

Nandini Shroff: nshroff@institute2000.org

1. Within the past 12 months, for any publicly traded entity, indicate if you and/or your spouse and/or your dependent children received remuneration from the entity that when added to the value of any equity interest held by you and/or your spouse and/or your dependent children, when aggregated, equals, or exceeds $5,000.

[ ]  Yes

[ ]  No

If yes, please document below.

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2. For any non-publicly traded entity, including non-profit entities other than the federal, state, or local government agencies, institutions of higher education, academic teach hospitals, medical centers, or research institutes that are affiliated with an institution of higher education, indicate if you and/or your spouse and/or your dependent children:

* Within the past 12 months, received remuneration from the entity that when added to the value of any equity interest held by you and/or your spouse and/or your dependent children, when aggregated, equals, or exceeds $5,000;
* Hold **any** equity interest of **any** value (e.g. stock, stock option, or other ownership interest).

[ ]  Yes

[ ]  No

If yes, please document below.

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3. For intellectual property rights and interests (e.g. patents, copyrights, and agreements to share in royalties related to licensed intellectual property) indicate if you and/or your spouse and/or your dependent children received related income during the last 12 months. There is no need to report on rights or interests that have been assigned to the Institute for Family Health.

[ ]  Yes

[ ]  No

If yes, please document below.

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4. For travel reimbursed or sponsored by an entity other than the Institute for Family Health, indicate if you and/or your spouse and/or your dependent children participated in any such travel, related to your institutional responsibilities, specifically travel paid on behalf of you and/or your spouse and/or your dependent children, so that the exact monetary value may not be readily available. The requirement does not apply to travel that is reimbursed or sponsored by a federal, state or local government agency, an institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education. The disclosure must include, at a minimum, the purpose of the trip, the identity of the sponsor/organizer, the destination, and the duration. The IRB and/or the Compliance Committee will determine if further information is needed, including a determination or disclosure of monetary value, in order to determine whether the travel constitutes a financial conflict of interest related to the research.

[ ]  Yes

[ ]  No

If yes, please document below.

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5. I certify that I have read policy regarding [Institutional Review Board Policy and Procedures](http://www.institute2000.org/wp-content/uploads/2010/10/Institute-for-Family-Health-IRB-Policies_FINAL_revised-nov-2013.pdf). I have used all reasonable diligence in preparing this disclosure statement, and, to the best of my knowledge, the contents are true and complete as of the date of this disclosure.

[ ]  Yes

[ ]  No

If yes, please document below.

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IRB Study Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_